

RECEIVED  
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEB 09 2004

OFFICIAL

Appl. No. : 09/499,006 Confirmation No.:  
Applicant : Dr. Paddy Jim BAGGOTT  
Filing Date : February 4, 2000  
Title : Treatment of Chromosomal Abnormalities in Fetuses Through a  
Comprehensive Metabolic Analysis of Amniotic Fluid  
Group Art Unit : 1634  
Examiner : Diana B. Johannsen  
Docket No. : 13635.4001 (249/127)  
Customer No. : 34313

Commissioner for Patents  
Mail Stop No Fee Amendment  
P.O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE UNDER 37 CFR  
1.116 EXPEDITED PROCEDURE  
EXAMINING GROUP  
1634

## AMENDMENT TRANSMITTAL AFTER FINAL REJECTION

Transmitted herewith is an amendment after final rejection (37 CFR 1.116) in the  
above-identified application responsive to the Office Action dated October 7, 2003..

The fee has been calculated as shown below:

CERTIFICATE OF MAILING  
(37 C.F.R. §1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the  
United States Postal Service on the date shown below with sufficient postage as Express Mail in an envelope  
addressed to the MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-  
1450.

Date of Deposit: January 9, 2004  
Express Mail No: EV252422883US

DOCSOC1:147341.1

2/15 \* RCVD AT 2/9/2004 7:56:12 PM (Eastern Standard Time) \* SVR:USPTO-EFXXRF-1/1 \* DNS:8729306 \* CSID:9495676710 \* DURATION (mm-ss):03-56

2/17/2004 4:17 PM  
11e Ref: 00000001  
FC:221  
130665  
09495676710  
09495676710

Applicant : Dr. Paddy Jim Baggott  
 Appl. No. : 09/499,006  
 Examiner : Diana B. Johannsen  
 Docket No. : 13635.4001 (249/127)

## Fee Calculation: TOTAL AMOUNT OF PAYMENT:

- A. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665  
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.  
 B. ☐ Payment Enclosed  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

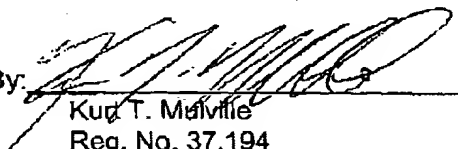
Total Claims	11	-	20	=	0	x	\$18.00	\$00.00
							\$29	
Independent Claims	3	-	3	=	0.0	x	\$88.00	\$00.00
					0			
Multiple Dependent Claims	\$290	(if applicable)						\$0.00
TOTAL OF ABOVE CALCULATIONS								\$00.00
Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								\$ 0.00
Extension of Time (from above)								\$0.00
Assignment - \$40 (if applicable)								\$0.00
TOTAL FEES SUBMITTED HERewith								\$0.00

Respectfully submitted,

ORRICK, HERRINGTON &amp; SUTCLIFFE LLP

Dated: February 9, 2004

By:

  
 Kurt T. Malville  
 Reg. No. 37,194

Orrick, Herrington & Sutcliffe LLP  
 4 Park Plaza, Suite 1600  
 Irvine, CA 92614-2558  
 Tel. 949-567-6700 x7740  
 Fax: 949-567-6710  
 Customer Number: 34313